

## ENROLLMENT FORM - BASIC BASEBALL

Please enroll the undersigned. I understand and accept the condition that the City of Cambridge nor anyone associated with the Basic Baseball Clinic will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the program. The applicant is in good health and able to participate in the physical activity of a vigorous program. In the event of injury or illness the Basic Baseball Clinic has my permission to provide and/or seek medical care.

Participant's Name\_\_\_\_\_

Referred By\_\_\_\_\_

D.O.B.\_\_\_\_\_

Responsible Party Printed\_\_\_\_\_

Responsible Party Signed\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_

Zip\_\_\_\_\_

Tel. (Home)\_\_\_\_\_

Tel. (Work)\_\_\_\_\_

Name of Insurance Company\_\_\_\_\_

Policy #\_\_\_\_\_

Physician \_\_\_\_\_

Physician Tel. No. \_\_\_\_\_

Allergies\_\_\_\_\_

Medications\_\_\_\_\_

Check Desired Session(s)

☐ Session I: June 27 - July 1

☐ Session II: July 11 - 15

Price is \$190 per session, two sessions for \$340. Family plans are available. Enroll Now!  
Limited space available. A \$50 nonrefundable deposit due four weeks before first day of camp.

Please make checks payable to: Basic Baseball.

Mail checks to:  
Basic Baseball  
P.O. Box 380458  
Cambridge, MA 02238